									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10804231				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL		
TOTAL CLAIMS			12					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FI	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			) minus 3 =		. 0			X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	1060	
CLAIMS AS AMENDED - PART II								SMALL	_ ENTITY	OR	OTHER SMALL		
A T A		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* 8	Minus	PAID	L)	=		X\$ 9=	1,55	OR	X\$18=	1,55	
	Independent	• /	Minus	ms (	3	=		X43=		OR	X86=		
₹	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	1	OR	+290=		
							ı	TOTA		-	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FE	E L	10	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	4-4	•	=		X\$ 9=		OR	X\$18=		
<b>AME</b>	Independent		Minus	A++4		=		X43=		OR	X86≃		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		QR	+290=		
•								TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDM INT C		CLAIMS REMAINING AFTER AMENOMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	٠	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	:	Minus	4.4		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	444	· · · · · · · ·	<u> -</u>		X43=	<b></b>	OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=		
1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
	I the "Highest Nur	mber Previously Pa ber Previously Pai	aid For IN THI	S SPACE i	s less tha	n 3. enler "3."				x in co	lumn 1.		